

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
(305) 305-6433

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1	1	1				51					
2	1	1	1				52					
3	2		1				53					
4	1		1				54					
5	1		1				55					
6	1		1				56					
7	1		1				57					
8	1		1				58					
9	1		1				59					
10	1		1				60					
11	1		1				61					
12	1		1				62					
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					